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CONFIRMATION NO. 7403

<b>SERIAL NUMBER</b> 10/804,845	<b>FILING OR 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> DIA1809-005B
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## APPLICANTS

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*3/27/2007*

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/550,050 03/03/2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 08/10/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 50	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 8
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ADDRESS  
 45684

## TITLE

Immunomodulation by a therapeutic medication intended for treatment of diabetes and prevention of autoimmune diabetes

<b>FILING FEE RECEIVED</b> 791	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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